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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted With Initial  
Filing **OR** ☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

**Attorney Docket Number** 5000.137

**First Named Inventor** Edmond

**COMPLETE IF KNOWN**

**Application Number** /

**Filing Date**

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**GROUP III NITRIDE LED WITH UNDOPED CLAD LAYER**

the specification of which (Title of the Invention)

☒ is attached hereto

**OR**

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) Country | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|---|--------------------------|--------------------------|--------------------------|
|  |         |   |                          | YES                      | NO                       |
|  |         |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application<br>numbers are listed on<br>a supplemental priority data sheet<br>PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|---|
|                       |                          |   |

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**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

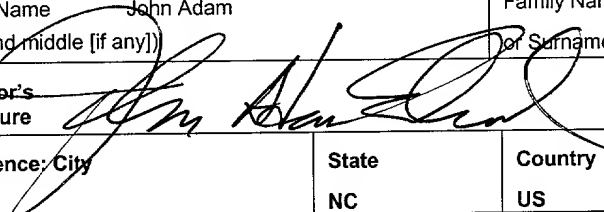
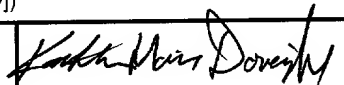
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## DECLARATION — Utility or Design Patent Application

|  |                                  |   |  |  |
|--|----------------------------------|---|--|--|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label  |                                  | 021176  | OR <input type="checkbox"/> Correspondence address below |  |
| <b>Name</b> Philip Summa, P.A.   |                                  |   |  |  |
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| <b>Country</b>   | <b>Telephone</b><br>704-945-6700 |   | <b>Fax</b><br>704-945-6735                               |  |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.</p> |                                  |   |  |  |
| <b>NAME OF SOLE OR FIRST INVENTOR:</b>   |                                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |  |
| Given Name John Adam<br>(first and middle [if any])  |                                  | Family Name EDMOND<br>or Surname  |  |  |
| Inventor's Signature   |                                  | Date 1/12/01  |  |  |
| Residence: City Cary   | State NC                         | Country US  | Citizenship US   |  |
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| Mailing Address  |                                  |   |  |  |
| City Cary  | State NC                         | ZIP 27511   | Country US   |  |
| <b>NAME OF SECOND INVENTOR:</b>  |                                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |  |
| Given Name Kathleen Marie<br>(first and middle [if any])   |                                  | Family Name DOVERSPIKE<br>or Surname  |  |  |
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| City Apex  | State NC                         | ZIP 27502   | Country US   |  |
| <input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |                                  |   |  |  |

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
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|   |                              |   |    |                        |       |                    |         |
|---|------------------------------|---|----|------------------------|-------|--------------------|---------|
| <b>Name of Additional Joint Inventor, if any:</b> |                              | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |                        |       |                    |         |
| Given Name (first and middle [if any])            |                              |   |    | Family Name or Surname |       |                    |         |
| Hua-shuang  |                              |   |    | KONG                   |       |                    |         |
| <b>Inventor's Signature</b>                       | <i>Huashuang Kong</i>        |   |    |                        |       | <b>Date</b>        | 1/15/01 |
| <b>Residence: City</b>                            | Raleigh                      | <b>State</b>  | NC | <b>Country</b>         | US    | <b>Citizenship</b> | US      |
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| <b>Name of Additional Joint Inventor, if any:</b> |                              | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |                        |       |                    |         |
| Given Name (first and middle [if any])            |                              |   |    | Family Name or Surname |       |                    |         |
| Michael John                                      |                              |   |    | BERGMANN               |       |                    |         |
| <b>Inventor's Signature</b>                       | <i>Michael John Bergmann</i> |   |    |                        |       | <b>Date</b>        | 1/15/01 |
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| <b>Name of Additional Joint Inventor, if any:</b> |                              | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |                        |       |                    |         |
| Given Name (first and middle [if any])            |                              |   |    | Family Name or Surname |       |                    |         |
|   |                              |   |    |                        |       |                    |         |
| <b>Inventor's Signature</b>                       |                              |   |    |                        |       | <b>Date</b>        |         |
| <b>Residence: City</b>                            |                              | <b>State</b>  |    | <b>Country</b>         |       | <b>Citizenship</b> |         |
| <b>Post Office Address</b>                        |                              |   |    |                        |       |                    |         |
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